M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8933 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08909

Reg. Dist. No.

| 1 |                 | county Cal   | roline   |                   | MAR                            | Federalsburg - Rural  of STREET ADDRESS Smithville Road  Middle Enry Cluff DEATH AUGUST  ON A FARM? PED 19 59  RARRIED September 3, 1940  Federalsburg, Magniths NORCED September 3, 1940  Is yrs.  Is UNDER IYEAR IF UNDER 24 HRS. In Months Doys Hours Min.  Pederalsburg, Md., R.F.D.  Is CITIZEN OF WHAT COUNTRY  Federalsburg, Md., R.F.D.  Is Monther's MAIDEN NAME Bessie C. Adams  IRITY NO.  IT. INFORMANT Stanford S. Cluff, Federalsburg, Md., R.F.D.  Interval Appreca  ON A FARM?  YES DR NO.  19 59  Pederalsburg  IF UNDER IYEAR IF UNDER 24 HRS.  Wonths Doys Hours Min.  IS CITIZEN OF WHAT COUNTRY  Federalsburg, Md., R.F.D.  Interval Appreca  ONSE AND DEATH  IS THE COUNTRY  IN THE COUNTRY  IS THE COUNTRY  IS THE COUNTRY  IS THE COUNTRY  IS THE COUNTRY  IF UNDER 14 HRS.  IF UNDER |                 |                   |                    |                                |            |            |           |  |
|---|-----------------|--|--|-------------------|--------------------------------|---|-----------------|-------------------|--------------------|--------------------------------|------------|------------|-----------|--|
|   | b               | CITY OR TOWN (IF end give people town)  Feders                               | outside corporate limits, write<br>alsburg – F       | rural             | c. LENGTH OF STAY              | IN 1b   |                 |                   |                    |                                |            | d give n   | eorest to | vn)  |
| ( | d               |  | orinstitution (                                      | If not in hosp    | pital, give street oddre       | rss}  |                 |                   | ville              | Road                           |            |            | ON        | IS RESIDENCE ON A FARM? ES 2 NO 1  Year 19 59 UNDER 24 HRS. PUTS MIN.  HAT COUNTRY: A.  R.F.D.  BETWEEL PUTCHER  (Stole) IN O 1  |
|   | - 1             | NAME OF<br>DECEASED<br>Type or print)  | Fir<br>Char  |                   | Middle<br>Henry                |   |                 | f                 | OF                 |                                |            | '          |           |  |
|   |                 | Male   | Negro  | WIDOWED           | DIVORCED                       |   | Septembe        |                   |                    | last birthday) 18 yrs.         | Months     | Days       | Hours     | MIn.   |
|   |                 | Farm Lal   |  | done 10b. K       | Farm                           | INDUST  | Fede            | rals              | burg,              | Md., R.F                       |            |            |           | COUNTRY  |
| 1 | 13.             | FATHER'S NAME<br>Stanfo  | ord S. Cluf  | f                 |                                |   |                 |                   |                    | ıs                             |            |            |           |  |
| / |                 |  | R IN U. S. ARMED FO<br>(If yes, give war or dates of |                   | None                           |   |                 | S. C              | luff,              | -                              |            | Md.        | R.        | F.D.   |
| / |                 | PART I. DEAT   | iote cause   | 11.7              | ernal !                        | rys   | oner o          | n fi              | in-l               | (se cuss                       | utl-       | ONSE<br>/S | T AND DEA | TH   |
| 0 | CATION          | PART II. OTH   | ER SIGNIFICANT CON                                   | DITIONS <u>CO</u> | 11 Jane                        | TH BUT N  | OT RELATED TO 1 | THE TERMI         | NAL DISEAS         | E CONDITION GIV                | EN IN PAI  |            | PERFO     | RMED?  |
|   | MEDICAL CERTIFI | 20g. EXTERNAL CAU<br>PRIMARY OF CON<br>CAUSE OF DEATH.<br>20c. TIME OF INJUR | TRIBUTING []   | Proc.             | Ture OCCURRED                  | Lee<br>200. PLAC  | E OF INJURY (H  | Self<br>ome, form | 20f. (Cit)         | him                            | (Co        | ounty)     |           | (Stote)  |
| 5 | MED             | Hour o. m. p. m. 21. I certify th  |  | of the r          | rk X of work                   | The   | esl             |                   | 14/1               |                                |            | A Anna     | and i     | mid that   |
| 2 |                 | ACTUAL SIGNATURE EXAMINER'S NAME (Type)                                      | Jauson O.  | 9.4.              | eorge.                         | , Suid  | _M.D. CHIEF MI  | EDICAL EX         | AMINER AL EXAMINER | R                              | abuse [    | 132        |           |  |
|   | 220.            | BURIAL CREMATIO<br>REMOVAL (Specify)<br>Burial                               | Aug . 14,  |                   | 22c. NAME OF CEME<br>Federal I |   |                 | У                 |                    | TION (City, town,<br>eralsburg |            |            | (Stote    | SISTERIORNOS  SISTERIORNOS  SISTERIORNOS  ON A FARMY  SISTERIORNOS  Year  19 59  JINDER 24 HRS.  UTS MIN.  HAT COUNTRY:  A.  R.F.D.  RETWEEN  DO DEATH  PRENELLY  VAS AUTOPSY  REFORMED?  NO MIN.  (Slole)  ATE SIGNED  1) 39  (Slole) |
|   | 23.<br>J        | funeral director   |  |                   | ralsburg,                      | Mary  | Land            | 24g. REC'I        | AUG 1              | 759 24b. REGI                  | STRAR'S SI |            |           |  |

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| 0000  |                                      | TIE OI DEATH  | Reg. Dis   | t. No.  |
|---|--------------------------------------|---|--|---|
| 1. PLACE OF DEATH CAROLIN   | E MARYLAND                           | 2. USUAL RESIDENCE (Where deceased o. STATE)                            | b. COUNTY  | PROLINE   |
| RURAL and give nearest fown   | c. LENGTH OF STAY IN 16              | c. CITY OR TOWN (V outside corpor                                       | rote limits, write RURAL and g                                     | ive nearest town)                                       |
| d. NAME OF HOSPITAL (If not in hospital, give st<br>OR INSTITUTION                                      | reet oddress)                        | d. STREET ADDRESS   |  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO                 |
| 3. NAME OF DECEASED (Type or print)   | LEONARD C                            | Lost 4. DATE OF DEATH   | Month  | 26 19.59  |
| MID WID   | MARRIED NEVER MARRIED TO             | april 4, 1892   | 9. AGE (In years IF UNDER lost birthdoy) Months                    | TYEAR IF UNDER 24 HRS<br>Doys Hours Min.                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)             | 106. KIND OF BUSINESS OR INDU        | STRY W BIRTHPLACE (Stote or foreign co                                  | ountry) 12. CITI   | ZEN OF WHAT COUNTR                                      |
| 13. FATHER'S NAME   | thusin &                             | 14. MOTHER'S MAIDEN NAME  | Pershatto 1  | Boston  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give warm dates of service) | 16. SOCIAL SECURITY NO. 17. I        | NFORMANT  | Address  |   |
| 18. CAUSE OF DEATH [Enter only one couse p<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o)       | er line for (o), (b), and (c).] 7/   | EBRAL HEMO  | RRHAGE   | INTERVAL BETWEEN ONSET AND DEATH                        |
| Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.         | Hyp                                  | rlension  |  | 2 lpars   |
| PART 11. OTHER SIGNIFICANT CONDITIO   |                                      | NOT RELATED TO THE TERMINAL DISEASE                                     |  | 1(o) 19. WAS AUTOPSY PERFORMED? YES NO                  |
|   | DESCRIBE HOW INJURY OCCURRE          | D. (Enter nature of injury in Port I or Port                            | II of item 1B.)  |   |
| Hour o. n. W  | d. INJURY OCCURRED hile Not while fo | ACE OF INJURY (Home, farm, 20f. (City tory, street, office bldg., etc.) | or town) (Co   | ounty) (Stote)  |
| 21. I certify that I attended the decalive an   | eased from MM'. 201, and that death  | 7   | 1957, that I long the causes and an the reet, city of town, state) | ast saw the decease<br>e date stated abov<br>DATE SIGNE |
| PHYSICIAN'S H, L a S,   | MALLIN                               | 1.Dr  |  | ///   |
| 220. EDRIAL, CREMATION, REMOVAL (Specify)   | 22c. NAME OF CEMETERY O              | R CREMATORY 22d, LOCAT  | 10N (City, town, occounty)   | (Stote)   |
| 23. FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                              | 240. REC'D BY REGISTI   |  |   |

TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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| 0940  | CERTIFIC                       | ATE OF DEATH   | 4                                 | Reg. Dist. 1                   | No.  |
|---|--------------------------------|--|-----------------------------------|--------------------------------|--|
| 1. PLACE OF DEATH O. COUNTY Droline   | MARYLAND                       | 2. USUAL RESIDENCE (WHO O. STATE                                 | nere deceased lived. If in b. COI |                                | efore admission)                                   |
| b. CITY OR TOWN (If autside carporate limits, write RURAL) and give nearest town)   | c. LENGTH OF STAY IN 16        | c. CITY OR JOWN (IF 6  | outside corporate limits, w       | rite RURAL and give            | nearest town)                                      |
| d. NAME OF HOSPITAL (If not in hospital, give street<br>OR INSTITUTION  | address)                       | d. STREET ADDRESS  | /                                 |                                | e. IS RESIDENCE<br>ON A FARM?<br>YES NO 🚫          |
| 3. NAME OF DECEASED (Type or print) ROSE COA  | WNOLLY L                       | Last<br>FIRIMORE   | 4. DATE<br>OF<br>DEATH            | Month<br>lung 7                | Day Year 2 2 19 1 9                                |
| Jundle White WIDOW  |                                | B. DATE OF BIRTH   | 876 83                            | years IF UNDER 1 YE Months Do) | AR IF UNDER 24 HRS.<br>Hours Min.                  |
| 10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)   | at Horce                       | - Irehat   | Co Mel                            | 12. CITIZEN                    | OF WHAT COUNTRY                                    |
| 13. FATHER'S NAME Work  | olly                           | 14. MOTHER'S MAIDEN N  | ine She                           | etell                          |  |
| (Yes, no. or unknown) (If yes, give war or dates of service)  | Tune )                         | in Mary Lur  | resuare.                          | Redgle.                        | y Mery las   |
| 18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   |                                | Sc Prosis  |                                   | probably                       | NTERVAL BETWEEN NSET AND DEATH OF                  |
| Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  DUE TO  DUE TO  (b)  DUE TO  |                                |  |                                   |                                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  | CONTRIBUTING TO DEATH BU       | T NOT RELATED TO THE TERMI                                       | NAL DISEASE CONDITION             | N GIVEN IN PART 1(o            | 19. WAS AUTOPSY PERFORMED? YES NO                  |
|   | SCRIBE HOW INJURY OCCURR       | ED. (Enter noture of injury in F                                 | Port I ar Port II of item )       | 3.)                            |  |
| Hour a. m. While  |                                | LACE OF INJURY (Home, farm<br>polory, street, affice bldg., etc. | 20f. (City or tawn)               | (Coun                          | ity) (State)                                       |
| 21. I certify that I attended the decearative of the second alive of the second actual SIGNATURE SIGNATURE STANK FAME (Type)  PHYSICIAN'S NAME (Type)  E. Paul Knott  | 59, and that deat              | h occurred of 1:45   | M, fram the caus                  | es and an the                  | saw the decease<br>date stated abave<br>DATE SIGNE |
| 220. BURIAL CREMATION, 22b. DATE THEREOF SECULAR TO SECURAR TO SECULAR TO SECUE SECULAR TO SECURAR TO SECULAR TO SECULAR TO SECULAR TO SECULAR TO SECULAR TO SECURAR TO SECULAR TO SECULAR TO SECURAR TO SECULAR TO SECURAR | 22c. NAME OF CEMETERY Chestery |  | 22d. LOCATION (City, to           | own, or county)                | Mary Can   |
| 23. FUNERAL DIRECTOR'S SIGNATURE  | Sup Cutu                       | 1-CACONO DATE ALL  |                                   | REGISTRAR'S SIGNA              |  |

TO HOSPITAL ANTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retain by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 mours after death. VS A15 (4) 15M 9/55

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| 41   | MEDICAL EXAMINER'S CERTIFICATE OF DEAT | н 0891         |
| E.A. |  | Reg. Dist. No. |

| 1. PLACE OF DEATH  | aroline  |              | MARYLAND                    | 2. USUAL R                        | 111                          | Where decess    | ed lived. If institu<br>b. COUNT        |                  | e before odn  | nission)          |
|--|--|--------------|-----------------------------|-----------------------------------|------------------------------|-----------------|---|------------------|---------------|-------------------|
| b. CITY OR TOWN and give nearest to                              | III outside corporate limits, write  | RURAL        | c. LENGTH OF STAY IN 16     | c. CITY C                         | OR TOWN (                    | If outside corp | porote limits, write                    | RURAL and gi     | ive nearest l | own)              |
| Federal  |  |              | 26 years                    | X                                 | Fede                         | ralsbu          | rg                                      |                  |               |                   |
| d. NAME OF HOSP  | ITAL OR INSTITUTION (  | f not in hos | pital, give street address) | d. STREET                         | T ADDRESS                    |                 |   |                  |               | RESIDENCE         |
| 409  | Railroad A   | venue        | AND MAN PERSON              | 1                                 | 409                          | Railro          | ad Avenu                                | е                |               | A FARM?           |
| 3. NAME OF<br>-DECEASED  | Fin  | sf f         | Middle                      | L                                 | Ost                          | 4. DATE         | Mont                                    | h                | Day           | Year              |
| (Type or print)  | Grac   | е            | F.                          | Limor                             | e                            | DEATH           | Augus                                   | t 24             |               | 19 59             |
| 5. SEX   | 6. COLOR OR RACE   | 7. MARRIE    | ED NEVER MARRIED            | B. DATE OF BIR                    | TH                           |                 | 9. AGE (In years                        | IF UNDER TY      |               | DER 24 HRS.       |
| Female   | White  | WIDOWE       | DIVORCED [                  | Octobe                            | er 22,                       | 1886            | 9. AGE (In years last birthday) 72 yrs. | Months Da        | ys Haurs      | Min.              |
| 10a. USUAL OCCUPAT   | ION (Give kind of work   | done 105. K  | CIND OF BUSINESS OR INDUS   | TRY 11. BIRTH                     | PLACE (State                 | e or foreign c  | ountry)                                 |                  | N OF WHAT     | COUNTRY           |
|  | sework   |              | Home                        | Car                               | coline                       | Co              | Maryland                                | U.               | S.A.          |                   |
| 13. FATHER'S NAME  |  |              |                             | 14. MOTHER                        |                              |                 |   |                  | 100           |                   |
| Abraha   | m Towers   |              |                             | Sal                               | llie M                       | lurphy          |   |                  |               |                   |
| 15. WAS DECEASED E   | VER IN U. S. ARMED FO  |              | SOCIAL SECURITY NO. 17.     | NFORMANT                          |                              | 2 0             | Address                                 |                  |               |                   |
| (Yes, no. or unknown) NO   | It yes, give wor or dates of   |              | 220-09-5541 J               | ohn Lin                           | nore.                        | Federa          | lsburg,                                 | Marvlan          | nd            |                   |
|  | ATH   Finter only one cou  |              |                             |                                   | ,                            |                 |   |                  | INTERVAL BETY | /EEA1             |
|  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MUDCaulity  Gaile  Acult  MEDIATE CAUSE (a)   |              |                             |                                   |                              |                 |   |                  | ONSET AND D   | EATH              |
|  | IMMEDIATE CAUSE (a)  | IN           | you and                     | 11 0                              | cul                          | U               |   |                  | Sud           | deen              |
| 450.0  |  | 1            | , V+ 1                      | , -                               |                              |                 |   |                  | 1             |                   |
| Conditions, if   |  | _1           | seeno los                   | erose                             | S                            |                 |   |                  | 1             |                   |
| gave rise to immediate cause (a), stating the underlying  DUE TO |  |              |                             |                                   |                              |                 |   |                  |               |                   |
|  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY |              |                             |                                   |                              |                 |   |                  |               |                   |
| PART II, O   | THER SIGNIFICANT CON   | DITIONS CO   | ONTRIBUTING TO DEATH BUT    | NOT RELATED T                     | O THE TERM                   | AINAL DISEASI   | E CONDITION GIV                         | EN IN PART 1     | (o) 19. WAS   | AUTOPSY<br>DRMED? |
| 3  |  |              |                             |                                   |                              |                 |   |                  | YES           | NO D              |
| 20a. EXTERNAL CAUSE OF DEATH                                     | ONTRIBUTING 🗆  | b. DESCRIBE  | E HOW INJURY OCCURRED. (    | Enter nature af                   | injury in Po                 | rt I or Part II | of item 18.)                            |                  |               |                   |
| 20c. TIME OF INJU  |  | While        |                             | CE OF INJURY<br>ory, street, offi | (Home, fari<br>ce bldg., etc | m, 20f. (City   | or tawn)                                | (Count)          | r)            | (Slote)           |
| 21, I certify  | that I taak charge   | of the r     | remains described abo       | ve, held a                        | n Autop                      | sv 🗖. Ir        | spection 📉                              | Inquiry          | X, and        | find that         |
|  | d fram: Natural  |              |                             |                                   | Hamicid                      | _               | ndetermined of                          |                  | לאלי מוום     | THIS ING          |
|  | d  |              | /                           | ,                                 | riginicia                    | ° Ц,            | iderer illined                          |                  |               |                   |
| ACTUAL   | Days mis   | 752          | 100,00                      | CHIEF                             | MEDICAL E                    | XAMINER [       |   |                  | DATE          | SIGNED            |
| SIGNATURE  | vin maj  | 1            | empe                        | M.D.                              |                              | CAL EXAMINE     |   |                  | 1             | n T               |
| EXAMINER'S<br>NAME (Type)  | DAWSOF   | 1.0.         | GLOTSE                      |                                   |                              | EXAMINER [      |   |                  | 8-2           | 7-37              |
| REMOVAL (Specific Burial   | Aug. 21,   | 1959         |                             | emetery                           |                              | Fede            | ralsburg                                | or county) Maryl | and (Sto      | te)               |
| 23. FUNERAL DIRECTO  | R'S SIGNATURE  | Feder        | alsburg, Mary               | land                              | 24a. REC                     | 'D BY REGIST    | RAR 24b. REGI                           | STRAR'S SIGNA    | ATURE         |                   |
| J.J.Frampt   | our and con,   | reder        | aroung, mary.               | Lective                           | DATE                         | - 0 4 354       |   | . 0 4            | ,             |                   |
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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should be forworded FUNERAL DIRECTOR:

designated

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Caroline b. COUNTY Caroline Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yrs. Greensboro x Rural Ridgely d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? None None 3. NAME OF DECEASED First 4. DATE Lost Junior Scott Murray (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Male Col. Doys Hours WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? None Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond Rebecca 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or dates of service) Rebecca Murray Ridgely, Maryland les 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO Y 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY DA of CONTRIBUTING 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, form. i 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.) While of work of work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X. Inquiry X ond in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide W, Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Dawson 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Ground Ridgely Burial Henry Burial

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

40 VS. ALSME 5M 2/57

|   |                                  |     | SC EVE                 |               |   |
|---|----------------------------------|-----|------------------------|---------------|---|
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
| • |                                  |     |                        |               |   |
|   | The State of the Asset Section 1 |     |                        |               |   |
|   |                                  | 255 |                        |               |   |
|   |                                  |     |                        | Bet Till      | 1 |
|   |                                  |     | grand delicated prints |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        | To a district |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     |                        |               |   |
|   |                                  |     | OF THE RES             |               |   |
|   |                                  |     |                        | 100           |   |
|   |                                  |     |                        |               |   |